

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

CLERK US DISTRICT COURT
NORTHERN DIST. OF TX
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

2020 JAN 14 PM 1:54

DEPUTY CLERK

82

Justin Cornett 3457-19

Plaintiff's Name and ID Number

Ellis County Jail

Place of Confinement

3-20CV-0089M

CASE NO.

(Clerk will assign the number)

v. Sheriff Charles Edge

300 S. Jackson Street

Defendant's Name and Address

Waxahachie, TX 75165

Correct Care Solutions

Defendant's Name and Address

300 S. Jackson Street

Waxahachie, TX 75165

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES ☒ NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____
 3. Court: (If federal, name the district; if state, name the county.) _____
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Ellis County Jail

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES ☒ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: ~~Charles E. Edge, Sheriff, Ellis County Sheriff's Office, 300 S. Jackson Street, Waxahachie, TX 75165~~

Justin Cornett 3457-19
300 South Jackson Street, Waxahachie, TX 75165

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Charles E. Edge, Sheriff, Ellis County Sheriff's Office, 300 S. Jackson Street, Waxahachie, TX 75165

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Violation of 5th Amendment right to Due Process of Law

Defendant #2: Correct Care Solutions, Medical Staff, Ellis County Jail, 300 South Jackson Street, Waxahachie, TX 75165

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Denial of Medical Care

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Sheriff Charles Edge in cooperation with Correct Care Solutions through the authority of Ellis County Sheriff's Office under the administration of Sheriff Edge by the grievance procedure outlined in the Ellis County Inmate Rules and Regulations included and marked as "Attached Exhibit" beginning from the date of incarceration in this facility and ongoing to present 8 JAN. 20 are violating and have violated the First Amendment and Fifth Amendment rights to free expression and Due Process of Law by Denial of Medical Care under an unconstitutional grievance policy and custom.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ____ YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ____ YES ____ NO

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

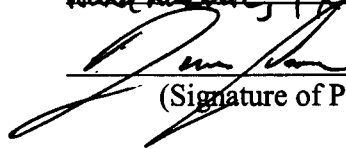
1. Court that issued warning (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date warning was issued: _____

Executed on: 8 JAN 20
DATE

Justin Cornett 3457-19
300 South Jackson Street
Waxahachie, TX 75165



(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this Eighth day of January, 20 20.
(Day) (month) (year)

Justin Cornett 3457-19
300 South Jackson Street
Waxahachie, TX 75165


(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

**ELLIS COUNTY
INMATE RULES AND REGULATIONS**

- E. The only inmates allowed at the monitor during the visitation are the inmates who were called to visit.
- F. If you are on visitation restriction and are caught visiting you will receive another disciplinary case.

Money/Property

- A. Touch-pay shall be utilized to place money on an inmate's account. Your family can use the web site, western union at certain locations or the kiosk machine in the booking lobby. No personal checks will be accepted.
- B. No gambling, buying, selling, trading, or bartering of any kind is allowed in the Wayne McCollum Detention Center.
- C. Inmates shall not possess cash or monies at any time
- D. Once an inmate's personal property has been sealed and documented the property cannot be reopened. You can release the property to someone but you have to release the whole bag. Personal Property is the property that is put in the clear property bag and sealed. I.E. watch, wallet etc.

Services

- A. Medical services are available to all inmates. Requests for medical services must be made in written form, or verbally, to the Jailer on duty in your housing area. Emergencies will be handled immediately with or without request.
- B. You will be charged to see the medical dept. as follows
 - \$4.00 to see the Nurse
 - \$7.00 to see the Doctor
 - \$7.00 to see the Dentist
 - \$5.00 each for any prescription
 - \$5.00 each for any prescription refill.
 - \$8.00 for X-Rays
 - \$8.00 for lab work
 - \$50.00 for emergency room visits
- 1. Full payment for any out of the facility Emergency Care will be dealt with on a case by case basis.
- 2. No inmate shall be denied medical services due to his/her inability to pay.
- 3. You will not be charged for any continuity of care after a chronic diagnosis or for any Mental Health issues.
- C. Religious services and religious counseling are available from the Chaplain.
- D. Indigent Packages are given out by commissary. You must ask the commissary vendor for one and if you are eligible you will receive a pack. Your account will be charged \$2.00; a negative balance will run indefinitely. Indigent packs will include
 - a. 2 bars of soap
 - b. 1 toothbrush
 - c. 1 pen
 - d. 1 toothpaste
 - e. 3 sheets of notebook paper
 - f. 3 plain envelopes

**ELLIS COUNTY
INMATE RULES AND REGULATIONS**

g. 1 razor

E. Commissary privileges will be made available two times a week.

- a. If an inmate is caught buying commissary for an inmate who is on commissary restriction, both inmates will be given a disciplinary case.
- b. Drug counseling is available through the chaplain.

Grievance Procedure

- A. Inmates may ask for a grievance form from the officer working the area.
- B. Inmates have 3 days from the date of the incident to file the grievance.
- C. Grievances must meet one of the following criteria to be valid:
 - i. Violation of Civil Rights
 - ii. Criminal Act
 - iii. Unjust Denial or Restriction of Inmate Privileges
 - iv. Prohibited Act by Facility Staff
- D. Each inmate must write their own grievance. If the inmate cannot read or write the then assistance may be provided.
- E. Only one inmate may be named on the grievance form unless they are listed as witnesses. If they are not listed as witnesses the form will be returned with no action taken.
- F. You must only grieve one item per grievance form. If you grieve more than one item on the form it will be returned to you with no action taken.
- G. Abuse of the grievance procedures and policy may result in disciplinary action.
- H. The Grievance Officer will respond to you in writing within 15 days. In no case will the grievance be held longer than 60 days.
- I. If you do not agree with the Grievance Officer's decision, you may appeal to the Jail Administrator in writing, and within 3 days; the Jail Administrator's decision shall be final.

Charles Edge/Sheriff

Wayne McCollum
Detention Center

To: **CORNETT, JUSTIN** Cell: **3A-1** Booking#: **3457-19**

In reference to your Grievance dated **11/22/2019**. Please be advised on the following: In order to file a proper Grievance, one of the following must exist:

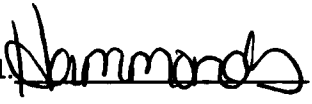
1. Violation of Civil Rights
2. Criminal Act
3. Abridgement of Inmate Privileges
4. Proscribed Act by a Jailer

COMMENTS

Grievance #3

This is a duplicate grievance. Refer to grievance response #2 for your answer.

Grievance Officers Signatures

1.  2. _____ 3. _____
Date: 11/26

I have received my Grievance answer

Inmate Signature: _____
Print Name: _____
Date: _____

Wayne McCollum
Detention Center

To: **CORNETT, JUSTIN** Cell: **3A-1** Booking#: **3457-19**

In reference to your Grievance dated **12/22/2019**. Please be advised on the following: In order to file a proper Grievance, one of the following must exist:

1. Violation of Civil Rights
2. Criminal Act
3. Abridgement of Inmate Privileges
4. Proscribed Act by a Jailer

COMMENTS

Grievance #4

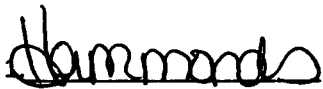
Date of incident 11/22/19

Date filed 12/22/19

You must file a grievance within three days of the date of the incident.

Furthermore charges for medical treatment received will not be returned. You signed documentation upon booking stating that you would be charged for medical services rendered.

Grievance Officers Signatures

 2. _____ 3. _____
Date: 12/30

I have received my Grievance answer

Inmate Signature: _____
Print Name: _____
Date: _____

Wayne McCollum
Detention Center

To: **CORNETT, JUSTIN** Cell: **3A-1** Booking#: **3457-19**

In reference to your Grievance dated **11/22/2019**. Please be advised on the following: In order to file a proper Grievance, one of the following must exist:

1. Violation of Civil Rights
2. Criminal Act
3. Abridgement of Inmate Privileges
4. Proscribed Act by a Jailer

COMMENTS

Grievance #2

You will be transported to the ER only if the doctor assigned to this facility deems it necessary.

Grievance Officers Signatures

1. Hammonds 2. _____ 3. _____

Date: 11/26

I have received my Grievance answer

Inmate Signature: _____
Print Name: _____
Date: _____

Wayne McCollum
Detention Center

To: **CORNETT, JUSTIN** Cell: **3A-1** Booking#: **3457-19**

In reference to your Grievance dated **11/17/2019**. Please be advised on the following: In order to file a proper Grievance, one of the following must exist:

1. Violation of Civil Rights
2. Criminal Act
3. Abridgement of Inmate Privileges
4. Proscribed Act by a Jailer

COMMENTS

Grievance #1

You were issued a bottom bunk pass, and the doctor was emailed. Once orders were received from the doctor you started on ibuprofen twice a day for seven days, which you received in the evening on the date of this incident. The medical staff has to wait for doctor's orders before they can provide medication.

Grievance Officers Signatures

1. Hammonds 2. _____ 3. _____

Date: 11/18

I have received my Grievance answer

Inmate Signature: _____

Print Name: _____

Date: _____

3457-19

3A

BILL OF COST**THE STATE OF TEXAS****COUNTY OF ELLIS**

The total cost assessed in this case for court costs, fees and/or fines:

<u>Fine, Fees & Court Costs</u>	<u>ASSESSED</u>	<u>BALANCE</u>
DIST CLERK	\$40.00	\$40.00
CONSOLIDATED COURT COSTS	\$133.00	\$133.00
RMF	\$25.00	\$25.00
SEC	\$5.00	\$5.00
COMMIT/RELEASE	\$5.00	\$5.00
ARREST FEE	\$50.00	\$50.00
JURY REIMBURSEMENT FEE	\$4.00	\$4.00
JUDICIAL SUPPORT COURT FE	\$6.00	\$6.00
INDIGENT DEFENSE	\$2.00	\$2.00
PRESERVATION/DIG./NAT. DI	\$4.00	\$4.00
STATE E-FILE FUND	\$5.00	\$5.00
DRUG COURT FEE	\$60.00	\$60.00
ATTORNEY FEE	\$780.00	\$780.00
	\$1,119.00	\$1,119.00

Ellis County Cause No. 45527CR
 443RD JUDICIAL DISTRICT COURT

THE STATE OF TEXAS
Plaintiff

VS

CORNETT, JUSTIN DURAN
Defendant

DISTRICT COURT OF ELLIS COUNTY, TEXAS

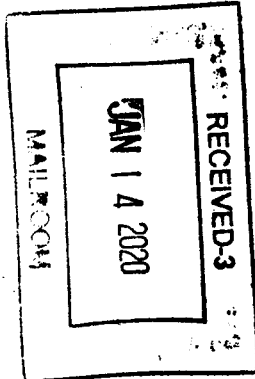
I, **Melanie Reed**, District Clerk in and for Ellis County, Texas do hereby certify that the foregoing is a correct account of the **court costs, fees and/or fines adjudged against the defendant** in the above entitled and numbered cause, up to this date, DECEMBER 27, 2019.

Melanie Reed, District Clerk
 Ellis County, Texas


 Deputy



Justin Cornett
#3457-19/3-A
300 S. Jackson St
Waxahachie, Texas 75165



early
ys/20

Five-laged Correspondence

United States District Court
Office of the Clerk
Northern District of Texas
1100 Commerce - Room 1452
Dallas, Texas 75242-1495

